DATENT	APPLICATION	EEE DETERM	MOLTAINE	DECODO
PAIENI	APPLICATION	FEE DE LEKN	MULIANI	RECURD

Application or Docket Numbe	Αp	plication	or Docl	ket Numbe
-----------------------------	----	-----------	---------	-----------

	Effective October 1, 2000 9 5-0 716-01											
. CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE C			THAN NTITY
TC	TAL CLAIMS		17			R	ATE	FEE		RATE	FEE	
FOR NUMBER FILED NUMBER EXTRA						ER EXTRA	BAS	SIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	\2_ min	us 20=	• Ø	3	×	\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	4 mii	inus 3 = \		\	X40=		OR	X80=	80	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				-	135=		OR	+270=	00
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	790
		LAIMS AS A	MENDED	DAD	TII		- 1	JIAL		On	OTHER	
4	Me H	(Column 1)	MIENDED	- PAN Colui)		(Column 3)	SI	MALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	. 12	Minus	** 6	20	= 0	X	\$ 9=		OR	X\$18=	
AMEI	Independent	. 4	Minus	***	3	= /	X	40=		OR	X80=	80
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM		+	135=	1	OR	+270=	
					•	•	L_	TOTAL	1		TOTAL ADDIT. FEE	740
		(Column 1)		(Colu	mn 2)	(Column 3)	ADL	IT. FEE			ADDII. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=) >	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= '] [7	(40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDEN	I-CLAIM	·	۱ ₋	135=		OR		
								TOTAL		1	TOTAL	
						·		IT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS	<u> </u>		ımn 2) HEST	(Column 3)	1		Y	•		1
ENT C		REMAINING AFTER AMENDMENT		NUM PREV	MBER IOUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE

AMENDMENT (AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA				
NDN	Total	*	Minus	**	=				
MEI	Independent	*	Minus	***	=				
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT OF AIM								

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

OR

X\$18=

X80=

+270=

ADDIT. FEE

TOTAL

X\$ 9=

X40=

+135=

ADDIT. FEE

TOTAL

	· · · · · · · · · · · · · · · · · · ·												
				Application or Docket Number									
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001												
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
(Column 1) (Column 2)										OR	SMALL	ENT	ITY
TC	OTAL CLAIMS						F	RATE FEE			RATE	F	EE
FC	R		NUMBER F	ILED	NUMBER EXTRA		ВА	BASIC FEE 370.00		OR	BASIC FEE	740	0.00
то	TAL CHARGEA	BLE CLAIMS	min	us 20=	<u> </u>			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	mir	nus 3 =	<u> </u>		>	(42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT +140=										OR	+280=		
* ff	the difference	T	TOTAL			TOTAL							
	С	LAIMS AS A (Column 1)	MENDED	- PAR (Colu		(Column 3)	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
CLAIMS REMAINING AFTER AMENDMENT Total * Independent *			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	. F	ATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE	
DME	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
ME	Independent	*	Minus			=	×	42=	OR		X84=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=		
****				-			<u> </u>	TOTAL		OB	TOTAL		
	13	(Calumn 1)	•	(Colu	mn 2)	(Column 3)	ADD	M. FEE			ADDIT. FEE		
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
AMENDME	Total	. 12	Minus	** 8	90	=	×	\$ 9=	1	OR	X\$18=	1	1
ME	Independent	• 4	Minus	***	4	=	7	(42=		OR	X84=		
٧	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	TCLAIM	L	1	140=		OR	+280=		
									-	OR	TOTAL		
				10 - 1	······ O`	(Column 3)		IT. FEE	L	1~,,	ADDIT. FEE		
		(Column 1) CLAIMS	11.7	HIG	imn 2) Hest	I	1		ADDI-	1		IA	DDI-
DMENTC		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA	F	ATE	TIONAL FEE		RATE	TIC	ONAL FEE
DMC	Total	*	Minus	##		=		\$ 9=		OR	X\$18=		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

OR

X42=

+140=

ADDIT. FEE

TOTAL

X84 =

+280=

ADDIT. FEE

TOTAL

Independent